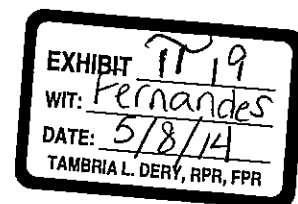

From: Robin Feinglas [rfeinglas@saveology.com]
Sent: Thursday, August 25, 2011 5:08 PM
To: rneill@paramountmedia.us
Cc: Daphne Fernandes; Joshua L. Spont
Subject: EMI IO's
Attachments: 20110825170551544.pdf

Hi Ryan,

I have the attached IO's from EMI with your signature – dating from 11/22/10 -2/18/11.
Can you verify that this is your signature and that you did work with EMI these dates?

Thanks.

Robin Feinglas, CP
Certified Senior Corporate Paralegal
Saveology.com LLC
954-691-9520 direct line
954-733-1996 fax



**TRANSFER SERVICE ORDER**Client Name: Frontier Media GroupAccount Manager: Chris Lopez**TERMS OF SERVICE**

1. All terms and conditions set forth in the Client's Account Application apply to this Service Order.
2. Payment for services is expected in advance. Provider has no obligation to provide service until payment is received.
3. Overpayments and service credits will be applied towards subsequent Service Orders.
4. Client shall be invoiced for actual calls transferred, which may exceed calls ordered by up to 15%.
5. For full credit, this Order must be canceled one full day prior to the scheduled service date. Client will be invoiced for all services provided prior to Company's receipt of a written cancellation notice.
6. Client has read and approved all scripts associated with this Service Order.

SERVICE ORDER DETAILS - (check all that apply)Call Screening & Transfer: Call Transfer Numbers 201-291-0000Per Transfer Rate: 1.00

Start Date	End Date	Start Time (EST)	End Time (EST)	Transfer Total	Per Trans. Cost	Total Cost	
8/1/11	8/2/11			100	1.00	2,000.00	
Transfers Per Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Target Markets	US - excluding NY, NJ, PA
Message Details	
Screening Details	
Special Instructions	

PAYMENT METHOD - (Check One)☐ Wire Transfer:

Bank:
Account Name:
Account Number:
Routing Number:
Payment Details:

☐ Company Check:Check Submitted: ☐ NOTE: Services will not commence until your check has cleared☒ Other:

Special Instructions:

\$8,000.00 will be charged to card listed on separate Credit Card Authorization form

Initials

ACKNOWLEDGEMENT: I hereby request delivery of the Services detailed in this Service Order Form, which shall be delivered in accordance with the terms and conditions set forth in the Master Agreement and the additional Terms of Service set forth herein.

Signed: [Signature]Print Name: Ryan M. No. 1Date: 2/14/2011

Fax Completed form to: 714 443 1110

ENTERED



TRANSFER SERVICE ORDER

Client Name: Resource Media GroupAccount Manager: aragosa**TERMS OF SERVICE**

1. All terms and conditions set forth in the Client's Account Application apply to this Service Order.
2. Payment for services is expected in advance. Provider has no obligation to provide service until payment is received.
3. Overpayments and service credits will be applied towards subsequent Service Orders.
4. Client shall be invoiced for actual calls transferred, which may exceed calls ordered by up to 15%.
5. For full credit, this Order must be canceled one full day prior to the scheduled service date. Client will be invoiced for all services provided prior to Company's receipt of a written cancellation notice.
6. Client has read and approved all scripts associated with this Service Order.

SERVICE ORDER DETAILS - (check all that apply)Call Screening & Transfer: Call Transfer Number: 800-444-4444Per Transfer Rate: 1.00

Start Date	End Date	Start Time (EST)	End Time (EST)	Transfer Total	Per Trans. Cost	Total Cost	
8/14/11	8/14/11			000	1.00	0.00	
Transfer Per Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Target Markets	US - including HI, AK, LA, PA
Message Details	
Screening Details	
Special Instructions	

PAYMENT METHOD - (Check One)☐ Wire Transfer:

Bank:
Account Name:
Account Number:
Routing Number:
Payment Details:

☐ Company Check:Check Submitted: ☐ NOTE: Services will not commence until your check has cleared.☒ Other:

Special Instructions:

\$8,000.00 will be charged to card listed on separate Credit Card Authorization form

____ Initialed

ACKNOWLEDGEMENT: I hereby request delivery of the Services detailed in this Service Order Form, which shall be delivered in accordance with the terms and conditions set forth in the Master Agreement and the additional Terms of Service set forth herein.

Signed: [Signature]Print Name: Ryan R. HillDate: 7/12/11

Fax Completed form to: 714/414-2700

ENTERED

SAV005644

**TRANSFER SERVICE ORDER**Client Name: Personal Lines GroupAccount Manager: John Lopez**TERMS OF SERVICE**

1. All terms and conditions set forth in the Client's Account Application apply to this Service Order.
2. Payment for services is expected in advance. Provider has no obligation to provide service until payment is received.
3. Overpayments and service credits will be applied towards subsequent Service Orders.
4. Client shall be invoiced for actual calls transferred, which may exceed calls ordered by up to 15%.
5. For full order, this Order must be canceled one full day prior to the scheduled service date. Client will be invoiced for all services provided prior to Company's receipt of a written cancellation notice.
6. Client has read and approved all scripts associated with this Service Order.

SERVICE ORDER DETAILS - (check all that apply)Call Screening & Transfer: Call Transfer Number: 800-751-9922Per Transfer Rate: 15.00

Start Date	End Date	Start Time (EST)	End Time (EST)	Transfer Total	Per Trans. Cost	Total Cost	
7/14/2014	7/14/2014			104	15.00	1560.00	
Transfers Per Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Target Markets	US - Midway NJ, NY, LA, PA
Message Details	
Screening Details	
Special Instructions	

PAYMENT METHOD: (Check One)☐ Wire Transfer:

Bank:
Account Name:
Account Number:
Routing Number:
Payment Details:

☐ Company Check:Check Submitted: ☐ NOTE: Service will not commence until your check has cleared!☒ Other:

Special Instructions:

\$8,320.00 will be charged to card listed on separate Credit Card Authorization form
(JAN) Initials

ACKNOWLEDGEMENT: I hereby request delivery of the Services detailed in this Service Order Form, which shall be delivered in accordance with the terms and conditions set forth in the Master Agreement and the additional Terms of Service set forth herein.

Signed: [Signature]Print Name: John LopezDate: 7/14/14

Fax Completed form to: 719-633-2765

ENTERED

SAV005645